

M23000002011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000011027

Office Use Only



700399797897

02/13/23--01012--001 **78.25

02/14/23--01012--001 **51.25

APPROVED
AND
FILED
2023 FEB 10 PM 3:25
MONTGOMERY COUNTY, MD

FEB 15 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2023

ATHONY LIBERT
11952 NW 47TH ST.
CORAL SPRINGS, FL 33076

SUBJECT: NETVERTA, LLC
Ref. Number: W23000011027

We have received your document for NETVERTA, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$46.25. → \$51.25 for cert. of status

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott
Supervisor

Letter Number: 423A00002134

RECEIVED
FEB 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Netverta, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anthony Libert
Name of Person

Netverta, LLC
Firm/Company

11952 NW 47th St.
Address

Coral Springs, FL 33076
City/State and Zip Code

Alibert@Netverta.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Libert at (561) 560-0169
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Netverta, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 83-3665433
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Oct. 12th, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 251 Little Falls Drive 6. 11952 NW 47th St.
(Street Address of Principal Office) (Mailing Address)

Wilmington, DE 19808 Coral Springs, FL 33076

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Anthony Libert

Office Address: 11952 NW 47th St.

Coral Springs, Florida 33076
(City) (Zip code)

2023 FEB 10 PM 3:25

FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Anthony Libert
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Anthony Libert</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11952 NW 47th St.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Coral Springs, FL 33076</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input checked="" type="checkbox"/> Other <u>CTO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Mike Cote</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2506 Twin Grove Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Kingwood, TX 77339</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony Libert
Signature of an authorized person

ANTHONY LIBERT
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "NETVERTA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE EIGHTH DAY OF FEBRUARY, A.D. 2019, AT 11:24 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

7273285 8315

SR# 20224352355

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205176726

Date: 12-22-22